

## WHEN TO USE CARE COMMENT BOXES: HEADQUARTERS GENERAL INSTRUCTIONS

"Comment boxes should NOT be used to justify selections unless what has been selected is inconsistent with other client information within the assessment. For Example: CPS score is 3 and the MMSE score is 30 (see PSYCH/SOCIAL Folder – middle of screen for the scores); Or if client is independent with transfers but requires TOTAL assistance with bathing; Or client's decision making ability is impaired and "yes" is selected for "Can client always supervise provider?"

"Comment boxes are not to be used to paraphrase or justify coding on ADL screens. However, before leaving each screen that may contain an expectation of the provider, assessors need to ask themselves **"If I didn't know this client, would the information on this screen give me enough information to meet the client's need?"** Use drop down selections in Strengths, Limitations, Preferences, Caregiver Instructions as appropriate, then add information in comments to fully describe how the caregiver should meet the client's needs.

When the information on the screen is inconsistent with other information in the assessment. Examples:

- High MMSE score with a high CPS score.
- On the Behavior screen, client currently wanders but code for Locomotion outside of Room is Extensive.
- Client has diabetes but blood sugar monitoring is not selected on the Treatment screen.

### **Equipment/Supplies tables with Specialized Medical Equipment:**

"Select Specialized Medical Equipment if an assistive device will be obtained with COPES waiver services and describe in the comment box"

If client has unaddressed medical needs, use the comments to document your discussion about a referral on the appropriate screen.

### **CLIENT DETAILS folder**

**Overview:** No additional requirements as of this draft -- see general instructions.

**Address:** No additional requirements as of this draft -- see general instructions.

**Collateral Contacts:**

"Backup caregiver: The person identified to assist the client in a situation in which lack of immediate care would pose a serious threat to the health and welfare of the client." The backup caregiver is to be identified on the Collateral Contacts screen. "A plan should be outlined on the Locomotion outside of room screen."

**Caregiver Status:** Screen does not have a comment section. Note: If you used the Zarit Burden interview to determine the amount of stress experienced by a paid caregiver and they have a score "of 24 or higher, refer to RCW 7439A095 (8) and WAC 388-71-0546 to determine whether payment of that provider should be denied." Consult with your supervisor.

**Financial:** Screen does not have a comment section.

**Employment:** Screen does not have a comment section.

**SSPS:** N/A

**ASSESSMENT MAIN FOLDER:**

Presenting Problem: "If both living with a paid provider and multi-client household apply to a client's situation , select "Lives with Provider " (Living arrangements) and also add a comment in presenting problem that household is a multi-client household.

**ENVIRONMENT FOLDER:**

If the client needs "minor adaptations" Environmental Modification funding (See the Long Term Care manual for guidelines). Include a comment to briefly describe the project.

**MEDICAL FOLDER**

If client has unaddressed medical needs, use the comments to document your discussion about a referral.

**Medications:**

"Use the comment box to document medication, products and supplements that client has available to him/her but the client has not used in the last 7 days." Include any PRN medications in the comment section.

Use the comment box if a medication is derived from two dosage quantities.

Example:

Hydrocod/APAP – suggestion from headquarters is to leave dosage quantity blank and record in comments the mixed dosages. The comment box for medication is collective so for this example consider: #4. (assigned medication list number) 10/660

**WHY TAKEN:** Needs to have credible information listed for each medication which may need to include information from medical professionals, team RN, etc. if client is not accurate. (Source – Terry Rupp - Train the Trainer, 12/8/03)

**Allergies:** They are included in the list of generic diagnoses. List allergies and document what they are in the comment box. (Tip of the day – 12/2/03) If the client states they do not have any allergies, you may want to include this in pertinent medical information.

**Diagnosis:**

Indicators Bucket: "Select all choices that apply to the client and use the comment box if appropriate choices are not listed."

**Med Management:** No additional requirements as of this draft -- see general instructions.

**Treatments:**

Any Self Directed Care (IP only) tasks need to be described in the comment box with prescribing healthcare provider. "Include the name of the healthcare provider that is working with the client as well as a description of the task being self-directed, including whom, what, and when." (Assessor Manual)

**Pain:**

If client has unaddressed pain, use the comments to document your discussion about a referral.

"Client will discuss unresolved pain with healthcare provider next week. She has been reluctant to take pain medications but now realizes how limiting it has been for her" (Policy training slides)

**INDICATORS FOLDER**

**Indicators/Hospital:**

**Foot:**

If you identify Diabetic Foot Care, use the comment box to define the foot care and who will do it. Note: Diabetic Foot Care will pull to the CARE PLAN for assignment. If you assign Diabetic Foot Care to a paid provider, worker will need to refer to the comments on this screen for instructions.

If the client or informal support is doing the client's skin or foot care, then Status should be scored "Need Met", with a comment of who is doing the care. (Tip of the day – 11/25/03)

Example of Foot Care Needs (Protective booties) with Status MET comment:  
"Client's daughter (Betty Smith) will purchase booties to protect ankles."

Example of **Diabetic Foot care** with needs and received (ADSA paid resource):  
"Check client's feet daily for any changes and report any changes immediately to client's daughter (Betty Smith) or physician." (Policy Slide)

Other examples of **Diabetic Foot Care** from "1998 Novo Nordisk Pharmaceuticals, Inc." to consider:

"Wash feet daily, keep feet dry in between toes, keep skin supple with a moisturizing lotion, but do not apply it between the toes, check your feet for blisters, cuts or sores, redness or swelling. Tell your doctor right away if you find something wrong."

Example of Needs and Receives Application of ointment/lotion (non prescription):  
"Apply lotions to feet daily" (Policy Slide)

### **Skin:**

Other preventative or protective skin care. When this option is selected, the comment box must be used to describe the skin care needed. Assessor's Manual: "(other than to feet) - Includes application of creams or bath soaks to prevent dryness, scaling, application of elbow pads (e.g. down, sheepskin , padded, quilted)."

If the client or informal support is doing the client's skin care, or foot care then Status should be scored "Need Met", with a comment of who is doing the care. (Tip of the day – 11/25/03)

Example of Needs and Receives Application of Lotion (daily application of lotions in addition to bathing and personal hygiene): "Paid caregiver will apply lotions to arms and legs daily: skin is very dry" (Policy Slide)

Example of comment for Pressure relieving device with Status of "Needs":  
"Daughter (Betty Smith) will get a prescription for gel pad" (Policy Side)

### **Skin Observation:**

Use the comment area below the figure for longer descriptions if needed.

**Vitals Preventative:** No documented requirements

**Comments:** **RN** - "Use this screen to indicate teaching/interventions for referred critical indicators and follow-up needed by nursing services and/or case manager."

## **COMMUNICATON FOLDER**

**Telephone:** No additional requirements as of this draft -- see general instructions.

\*"Select from the Equipment/Supplies table any TYPE of equipment the client needs to assist with (telephone, vision or speech and hearing)." Select Specialized Medical Equipment if an assistive device will be obtained with COPES waiver services and describe in the comment box." (Assessor Manual)

### **Vision**

If client has unaddressed medical needs– use the comments to document your discussion about a referral on the appropriate screen: "Client states she does not want to see healthcare professional at this time about her (unreported) vision problems." \*See above for instructions for assignment of COPES waiver services: Equipment/Supplies table

**Speech/Hearing:** If client has unaddressed medical needs, use the comments to document your discussion about a referral on the appropriate screen. Example: "Client states she does not want to see healthcare professional at this time about her (unreported Speech/Hearing) problems." ." See above for instructions for assignment of COPES waiver services: Equipment/Supplies table

Example of comment if client has a hearing aid left with Status of has/doesn't use: "Client will (only) put in her hearing aid when her favorite soap opera comes on at 3:00 p.m." (Policy slide).

## **PYSCH/SOCIAL FOLDER:**

### **Memory:**

If short term memory is scored as "Recent memory problem" and client did not have trouble with registration and/or recall during administration of MMSE, then you should give more information in comments to substantiate your determination.

### **Behavior:**

"It is important to use the comment boxes to provide caregivers with instructions on methods to **decrease or respond to** current behaviors. Details on successful interventions need to be documented in the comment boxes." (CARE Assessor Manual – Revision 10/13)

"In the Psych/Social folder on the Behaviors make sure the caregiver will know how to intervene, if appropriate. Write a brief description in the comment box" (Tip of the Day 10/27)

Some examples from Policy Slides:

"When client becomes agitated, try to divert her attention." "Talk in a soothing, quiet voice."

**Depression:**

"A score of six or more indicates possible depression." "If the client chooses not to have a referral for diagnosis and/or treatment, document in the comment box." If the client chooses to seek assistance for any problem identified then document on the Referral screen (CARE PLAN FOLDER): include the date you referred the client, and who is responsible to follow through. (CARE Assessor Manual)

Example from Policy Slides:

"Client is taking anti-depressants but agrees they are not effective. She is open to a mental health referral."

**Suicide:**

If the client answers "Yes" to "Have you thought of hurting yourself or talking your life the last 30 days?" or to any other questions on this screen, discuss a referral to a mental health professional or to the client's primary healthcare provider. Document the client's refusal (in comments or on the Referral screen – CARE Plan). Reminder: **if the client has a plan and has the means to carry it out, do not leave the client alone.** (Care Assessor Manual)

**Sleep:** Comment on any unaddressed problems and specific sleep patterns not captured in the drop downs.

**Relationship Interests**

Other losses. "If client expresses a loss that is not listed in the bucket, (interest/activity) include it in the comment box." (Assessor Manual)

**If "yes" is selected for "Openly expressed anger/conflict..." then a comment is needed to explain this situation.**

**Decision Making:**

Comment on how often someone checks on client, if client cannot supervise the paid care provider?

Example: "Daughter (Betty Smith) checks on her mother daily." (Policy Slide)

**PERSONAL ELEMENTS FOLDER:**

**Goals:** No additional requirements as of this draft -- see general instructions

**Legal Issues:** No additional requirements as of this draft -- see general instructions

**Alcohol:**

"Two or more 'yes' answers are indicative of a problem. Document discussion of a referral to an alcohol counselor, treatment program, or healthcare provider in the comment box." (Assessor Manual) Note: Alcohol comments will not appear on the printed Assessment Details.

**Substance Abuse:**

Need to comment "When a referral is indicated by responses to the CAGE questionnaire." (Tip of day, 10/14/03) Same as Alcohol – "Two or more "yes" answers are indicative of a problem."

Note: Substance abuse comments will not appear on the printed Assessment Details.

**Tobacco Use:** No additional requirements as of this draft -- see general instructions

**MOBILITY FOLDER**

**Locomotion in Room:** No additional requirements as of this draft -- see general instructions

**Locomotion outside of Room:**

There are choices on the "Locomotion outside of Room" screen in the Caregiver Instructions drop down box that can be used for Evacuation and Backup Plans. Personalize them in the comment box. (CARE Tip of the Day 11/17/03)

**Walk in Room:** No additional requirements as of this draft -- see general instructions.

**Bed Mobility:**

Example from policy training slide: "Client is eager to spend more time in chair but must be encouraged to spend time in bed until ulcer is healed."

**Transfers:** No additional requirements as of this draft -- see general instructions.

**Falls:**

If the client has had more than 6 falls, document the 6 with the most Serious consequences and add a comment about the frequency of falls. (CARE Tip of the Day: 11/19/03)

Example if client has unaddressed medical needs: Use the comments to document your discussion about a referral on the appropriate screen: "Discussed referral to OT/PT for assessment of fall risk. Especially interested in

safety assessment of client's kitchen." Document on treatment screen if client declines or needs. (Policy Training Slide)

### **TOILET FOLDER**

**Bladder/Bowel:** No additional requirements as of this draft -- see general instructions.

**Toilet Use:** No additional requirements as of this draft -- see general instructions.

### **EATING FOLDER**

#### **Nutritional/Oral:**

If client has unaddressed medical needs use the comments to document your discussion about a referral on the appropriate screen. Example from Policy Slide: "Client has agreed to see a dentist because dental problems are making it difficult to eat and drink."

#### **Eating:**

**Meal Preparation:** No additional requirements as of this draft -- see general instructions.

### **HYGIENE FOLDER**

**Bathing:** No additional requirements as of this draft -- see general instructions.

**Dressing:** No additional requirements as of this draft -- see general instructions.

**Personal Hygiene:** No additional requirements as of this draft -- see general instructions.

### **HOUSEHOLD TASKS FOLDER**

**Transportation:** No additional requirements as of this draft -- see general instructions.

**Essential Shopping:** No additional requirements as of this draft -- see general instructions.

**Wood Supply:** No additional requirements as of this draft -- see general instructions.



**Housework:** No additional requirements as of this draft -- see general instructions.

**Finances:** No additional requirements as of this draft -- see general instructions.

**Pet Care:**

If the client does not have any pet concerns but has a pet in the home, note the type of pet in the comment box for staffing information. Or, select "Client participates" from the Need Level drop down, indicate the type of pet, and leave the concern drop down box empty.

**FUNCTIONAL STATUS SCREEN**

**Task Segmentation for ADL's - Yes/No: "If yes, then provide special instructions to the caregiver in comments on all applicable screens." (Policy slides)**

**Task Segmentation for IADL's - Yes/No: "If yes, go back to IADL screens and use comment screens for caregiver instructions."**

**CARE PLAN FOLDER**

**NSA:**

If Necessary Supplemental Accommodation(NSA) is "YES" (COPES and MPC clients): "Describe in NSA Comments what assistance client needs to ensure that he or she can submit the necessary information to the financial worker for... ongoing determination of eligibility for Medicaid."

Examples from Chapter 4 - Long Term Care Manual:

"The client has significant cognitive impairment and cannot be responsible for the application and eligibility review process. Her daughter who is her DPOA will be identified as the contact person."

"The client is not able to read regular print. Indicate that the client needs large size print for forms and notices."

**Nursing Referral:** Comment section is a collective bucket, so reference the Critical Indicator number when adding comments.

**Supports:** Screen does not have a comment section.

**Environmental Plan:** "After a concern has been addressed, document in the comment box." (Assessor manual)

**Equipment:** "After equipment has been acquired, document in the comment box."

**Referrals:** Remember to add a referral to APS when appropriate (Tip of the Day, 10/14/03).

